

7838

more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with the Local Registrar within 5 days after birth.

PLACE OF BIRTH
 County of Yuma
 District of _____
 Town of _____
 or _____
 City of Globe

ARIZONA TERRITORIAL BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS. *Ter. Index No.* 100
 ORIGINAL CERTIFICATE OF BIRTH. *Co. Registrar No.* 211
 Local Registrar's No. _____
 (No. _____ St; _____ Ward)

FULL NAME OF CHILD _____ { Born } YES
 { Alive } ~~NO~~
 If child is not named, make Supplemental Report on blank obtainable from local registrar.

Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number; in order of birth _____	Legitimate? <u>ye</u>	Date of Birth <u>Sept 29</u> 19 <u>11</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Albert J Sims</u>	Residence <u>East Globe</u>		Full Maiden Name <u>Ella Holliday</u>	Residence <u>East Globe</u>	
Color or Race <u>W.</u>	Age at last Birthday <u>21</u> (Years)	Birthplace <u>Arizona</u>	Color or Race <u>W.</u>	Age at last Birthday <u>20</u> (Years)	Birthplace <u>Arizona</u>
Occupation <u>Carpenter</u>			Occupation <u>W. W.</u>		

Number of child of this mother. 1 | Number of children, of this mother, now living. 1 | Were Precautions taken against Ophthalmia neonatorum? Y

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Sept 29 1911, at 524 M

{ *When there is no attending physician or midwife, then the householder should make this return. }

(Signature) G. E. Light
 (Attending physician, midwife, householder. *)

Given or christian name added from a supplemental report _____ 191____

Address Globe

Filed Oct 12 1911 B. S. Jar LOCAL REGISTRAR
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22-929-588 COUNTY REGISTRAR